



January 30, 2012

Dear Parents:

James City County Parks and Recreation is excited to offer our Annual Combo Registration option for The REC Connect School Age Programs. Yes!... you have the choice of registering for both before and after school and summer camp programs at the same time or just the one program that you need. **A mail-in only registration is happening now.** Please note the following registration information:

- Priority Registration deadlines: Summer Camp 2012: May 4, 2012; Before and After School Program 2012-13: August 3, 2012.
- All parents are required to fill out a completed registration form, a notarized payment/agreement contract (**must be signed by an adult that has legal custody of the child**), swim form, and include a non-refundable \$40 (\$35 for residents) check or money order per child. Checks should be made payable **to Treasurer of James City County (JCC)**. **Applications are taken on a first come, first served basis. Space is limited.**
- **Registrants not enrolled in the Before and After School Program 2011-12 or past Summer Camp Program 2011** are required to provide a copy of your child's birth certificate or 2011-2012 Virginia school report card, and your child's most recent physical and immunization records (**must be on the COMMONWEALTH OF VIRGINIA SCHOOL ENTRANCE HEALTH FORM: Form MCH213F.**) **If enrolled in current program or Summer Camp 2011, you don't need to provide these documents.**
- All applications must be mailed to James City County Parks and Recreation, 5300 Palmer Lane, Suite 1A, Williamsburg, VA 23188. Please put "Attention: REC Connect Program Registration" on the front of your envelope.
- Forms must be sent through the postal service and **cannot** be dropped off. The results will be returned to you within three weeks of the received date. The results will be sent by email or mail, so please provide us with a current email address.
- **Any application packets that are not complete will be returned and a space in the program will not be guaranteed.**

**General Program Information:**

Summer Camp Programs 2012

- Location: Elementary: Clara Byrd Baker, J.B. Blayton, Norge, Rawls Byrd & Stonehouse. Middle School: Berkeley
- Dates: Monday, June 18-Friday, August 24, 2012
- Hours of Operation: 7 a.m. – 6 p.m. No Program on Wednesday, July 4
- All parents of 10 year-old participants who are rising 5<sup>th</sup> graders have the choice of selecting either an Elementary or Middle School Summer Camp site.
- **Parents of children attending summer school are requested to choose that site if available as their 1<sup>st</sup> site choice option.**
- Weekly Fees: Full-time: \$90 (\$85 residents); Part-time: \$70 (\$65 residents) + weekly field trip fees (**\*fees subject to change**)

Before and After School 2012-2013

- Location: A Before and After School Program will be offered at all Elementary Schools. An After School Program will be offered for all Middle Schools. All Middle School After School Programs will be combined at Berkeley. Transportation is provided.
- Dates: Tuesday September 4, 2012-end of school year. (**Subject to change based on WJCC School Calendar.**)
- Hours of Operation: Elementary Before School Program: 7 a.m. to school start; Middle and Elementary After School Programs: school dismissal until 6 p.m. Programs will be offered on both half days and full teacher workdays.
- Weekly Fees: Elementary Before School: \$35 (\$30 residents); After School: \$45 (\$40 residents); Before and After School: \$60 (\$55 residents), 10-visit Coupon Punch Card: \$120 (\$115 residents); Middle School: After School: \$45 (\$40 residents); 10-visit Coupon Punch Card: \$105 (\$100 residents) (**\* fees subject to change**)

**For more information, visit our REC Connect website <http://www.iccegov.com/recreation/RecConnect/registration.html> or call the Info Line at (757) 259-3170.**

Sincerely,

Arlana Fauntleroy  
Recreation Operations Coordinator



**James City County Parks and Recreation  
REC Connect School Age Programs  
Application Packet Checklist**

(All Physical and Immunization Records must be submitted on the COMMONWEALTH OF VIRGINIA SCHOOL ENTRANCE HEALTH FORM: Form MCH213F; may download from <http://www.jccgov.com/recreation/RecConnect/registration.html>)

Application Form \_\_\_\_\_

Registration Form \_\_\_\_\_

Notarized Agreement Form \_\_\_\_\_

Birth Certificate or Report Card \_\_\_\_\_

Copy of Physical Records  
(on the VIRGINIA SCHOOL ENTRANCE HEALTH FORM) \_\_\_\_\_

Copy of Immunization Records  
(on the VIRGINIA SCHOOL ENTRANCE HEALTH FORM) \_\_\_\_\_

Swim Form \_\_\_\_\_

Library Form \_\_\_\_\_

Registration fee of  
\$40(\$35 for resident)/child \_\_\_\_\_

Check or Money Order \_\_\_\_\_

**\*Provide driver's license number on all checks**

All forms are filled out completely \_\_\_\_\_  
with no blanks ( **N/A** is listed on all lines that don't apply to you)

A completed application packet  
for each child \_\_\_\_\_

Enveloped addressed to \_\_\_\_\_

**James City County Parks and Recreation, 5300 Palmer Lane, Suite 1A, Williamsburg, VA 23188  
Attn: REC Connect Program Registration**

**2012-13 Parent Handbooks available online on June 4:  
<http://www.jccgov.com/recreation/RecConnect/registration.html>  
or at payment and site locations**

Thank you for your application and choosing James City County programs!!



# James City County Parks and Recreation

## REC Connect School Age Programs

### Annual Application Form 2012-13

Please fill out one application form per child. Thank you!

Child's Name:

Age:

Date of Birth:

**1. What programs are you registering for during 2012-13? (please check all that apply)**

- ☐ Summer Camp
 ☐ Elementary Before & After School
 ☐ Middle School After School

**2. Will an organization other than you be paying for your child's summer camp or before and after school care? (Examples: James City County Social Services, Avalon, etc.)**

- ☐ Yes \_\_\_\_\_ ☐ No
- Please list organization & case worker's name

**3. Will your child attend summer school? (please check one)**

- ☐ Yes
 ☐ No
 ☐ Not sure

**4. Which City or County does your child live? (please check one)**

- ☐ James City County
 ☐ Williamsburg
 ☐ Other \_\_\_\_\_ (please list)

**5. If registering for Summer Camp 2012, please check your top 3 choices. (please check the ones that apply)**

**REC Connect Camp I (ages 5-9)**

*\*must have completed kindergarten*

	1st	2nd	3rd	N/A
Clara Byrd Baker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.B. Blayton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(elementary summer school site)**

Norge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rawls Byrd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stonehouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**REC Connect Camp II (ages 10-14)**

Berkeley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**6. If registering for the Before and After School Program 2012-13, check your selected site. (please check one)**

**Elementary Schools**

- ☐ Clara Byrd Baker
 ☐ D.J. Montague
 ☐ James River
- ☐ Matthew Whaley
 ☐ Matoaka
 ☐ Norge
- ☐ Rawls Byrd
 ☐ Stonehouse
 ☐ J. Blaine Blayton

**Middle Schools (Please select the school location that your child attends.)**

- ☐ Berkeley
 ☐ Toano
 ☐ Lois S. Hornsby



James City County Parks and Recreation  
REC Connect School Age Program 2012-13  
Registration Information (please print)

Forms must be filled out completely. No line may be left blank.

Please list N/A for a line that's non-applicable or doesn't apply to you.

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Gender \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade level 2012-13 school year \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_ Parent's Email address \_\_\_\_\_

Program Start Date 6/18/12 Program Ending Date 6/14/13

Father's Name \_\_\_\_\_ Employed at \_\_\_\_\_ Work phone \_\_\_\_\_  
Address(if different) \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Employed at \_\_\_\_\_ Workphone \_\_\_\_\_  
Address(if different) \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of person(s) or agency having legal custody of child \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address(if different) \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of two persons to contact if parent(s) cannot be reached: **(must be local & within a 50 mile radius)**  
**(must include house #, street name, city, state, and zip code)**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_

Persons authorized to pick up child \_\_\_\_\_

Persons NOT authorized to visit or pick up child \_\_\_\_\_

**(Appropriate legal paperwork must be attached if a parent is not allowed to pick up the child.)**

Does your child have any allergies or intolerance to medication, foods or any other substances? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what? \_\_\_\_\_

What actions need to be taken? \_\_\_\_\_

Name of Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have a chronic illness? YES \_\_\_\_ NO \_\_\_\_ If yes, which type? \_\_\_\_\_

Please specify any other medical conditions, medications or disabilities: \_\_\_\_\_

List any medications that your child will need administered during the program: \_\_\_\_\_

**(You will need to fill out a medicine authorization form & provide a doctor's note if administered more than 10 days)**

Please list any special accommodations that your child requires to participate in the program:

List any previously attended child-care programs: \_\_\_\_\_

**For office use only**

Summer Camp Site \_\_\_\_\_ Before and After School Site \_\_\_\_\_

Staff  
Initials \_\_\_\_\_



Child's Name \_\_\_\_\_

School Year Site \_\_\_\_\_

**Agreement I:** I (parent or guardian) will read the REC Connect Parent Handbook and agree to enforce the James City County Parks and Recreation School Age Program rules and procedures as to ensure the health and safety of my child and other children participating in the program. **Your Parent Handbook is available online at [www.jccEgov.com/recreation](http://www.jccEgov.com/recreation) or site location.** **initial** \_\_\_\_\_

**Agreement II:** In case of emergency, James City County Parks and Recreation has my (parent or guardian) permission to call my family physician or another physician when family physician or I cannot be reached. The staff is authorized to administer first aid or emergency care or take my child to the emergency room of the nearest hospital and its medical staff has my permission to provide treatment that a physician deems necessary for the well being of my child. Additionally I will provide written permission for any medication that must be distributed to my child by the Program Staff. I (parent or guardian) understand medication will only be administered from an official pharmacy container with the child's name, dosage and doctor listed on the container. If my child is on medication for more than a 10-day period, I will provide James City County Parks and Recreation with a letter from the child's physician. **initial** \_\_\_\_\_

**Agreement III:** I (parent or guardian) certify: (1) that I agree to assume all risks in connection with my child's participation in the James City County Parks and Recreation School Age Programs and do hereby release James City County, their employees, representatives, and volunteers from all liability and (2) that I (parent or guardian) bear the responsibility for carrying the appropriate medical and hospitalization insurance on the above named child. **initial** \_\_\_\_\_

**Agreement IV:** James City County Parks and Recreation School Age Programs will notify me (parent or guardian) should my child become ill or uncontrollable and I will be responsible for picking up my child immediately upon notification. **initial** \_\_\_\_\_

**Agreement V:** I (parent or guardian) give permission for my child to attend any field trips while in the James City County Parks and Recreation School Age Program. **initial** \_\_\_\_\_

**Agreement VI:** I (parent or guardian) give my child permission to participate in swimming activities conducted at the James City County Parks and Recreation pools and on field trips. I (parent or guardian) authorize the use of sunscreen when needed. **initial** \_\_\_\_\_

**Agreement VII:** Before admission to the James City County Parks and Recreation School Age Program, I (parent or guardian) will provide written proof of a physicians examination of my child by a physician licensed to practice medicine, provide a copy of all immunization records, child's birth certificate, and swim permission form. **initial** \_\_\_\_\_

**Agreement VIII:** I (parent or guardian) will be responsible for the payment of fees imposed by the James City County Parks and Recreation School Age Program. In the event I fail to make timely payment, I agree that a late fee of \$25 shall be imposed plus interest at the annual rate of 10%. In the event the County pursues collection through a court action, I agree to pay all reasonable costs including but not limited to attorney's fees of 25% of the outstanding balance. **initial** \_\_\_\_\_

**Agreement IX:** I (parent or guardian) agree to allow photographic images of myself and or my children to be taken in the James City County Parks and Recreation School Age Program and be used for promotional purposes by the James City County Parks and Recreation. **initial** \_\_\_\_\_

**Agreement X:** I (parent or guardian) agree to inform the James City County Parks & Recreation School Age Programs within 24 hours or the next business day after my child or any member of the immediate household has developed any reportable communicable disease, as defined by the Board of Health, except for life threatening diseases that must be reported immediately. **initial** \_\_\_\_\_

**Agreement XI:** I (parent or guardian) authorize the Williamsburg/James City County School system to release academic, IEP (Individual Education Plans), and discipline records to James City County Parks and Recreation School Age Program. **initial** \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Commonwealth of Virginia, County of James City, To Wit:

Subscribed and Sworn Before Me This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Commission Number

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_



**James City County Parks and Recreation  
REC Connect School Age Programs 2012-2013  
Parental Permission for Swimming or Wading Activities**

Parental permission is necessary for each child who participates in swimming or wading activities while attending James City County Parks and Recreation programs.

Parents must advise of the child's swimming skills before the child is allowed in water above the child's shoulder height.

Child's Name \_\_\_\_\_

Permitted Water Depth: Up to \_\_\_\_\_ Feet

PLEASE WRITE **YES** or **NO** TO THE FOLLOWING SKILLS THAT APPLY TO YOUR CHILD.

- |  |       |
|--|-------|
| 1. <b>BOBBING</b> (submerging face & head)                                   | _____ |
| 2. <b>JELLY FISH FLOAT</b> (float face down relaxed)                         | _____ |
| 3. <b>DEAD MAN'S FLOAT OR PRONE FLOAT</b><br>(float face down stiff & rigid) | _____ |
| 4. <b>BACK FLOAT</b>   | _____ |
| 5. <b>BACK GLIDE</b>   | _____ |
| 6. <b>FRONT GLIDE</b>  | _____ |
| 7. <b>DOG PADDLE</b>   | _____ |
| 8. <b>KICKING</b>  | _____ |
| 9. <b>ARM STROKES</b>  | _____ |
| 10. <b>FRONT CRAWL</b>   | _____ |
| 11. <b>BREAST STROKE</b>   | _____ |
| 12. <b>TREADWATER</b>  | _____ |

I give my child \_\_\_\_\_ permission to participate in swimming activities and verify that all provided information is correct.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**



**Mobile Library Services  
Library Registration 2012-13**

*Williamsburg, James City County and York County residents are eligible for library cards.*

CHILD'S NAME \_\_\_\_\_

\_\_\_\_\_ My child already has a Williamsburg Regional Library Card in his/her name.

\_\_\_\_\_ Please issue my child a free library card. My child has never had a library card issued in his/her name.

I, \_\_\_\_\_, give my child permission to check out books and other materials from the Williamsburg Regional Library buildings and Mobile Library Services Vehicle. I understand that my child must present a library card in order to borrow library materials, and I accept responsibility for all fines incurred and for lost or damaged materials borrowed on my child's card.

\_\_\_\_\_  
**Parent or Guardian Signature**

**CHILD'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Residence:** James City County \_\_\_\_\_ City of Williamsburg \_\_\_\_\_  
York County \_\_\_\_\_

**Email (optional)** \_\_\_\_\_

**How would you like to be notified about holds, fines, lost items, etc?**

By phone \_\_\_\_\_ By email \_\_\_\_\_

**Child's Date of Birth** \_\_\_\_\_

.....  
**Staff Use Only**

<b>Patron Type</b>	
<b>Status/Class</b>	
<b>Barcode Number</b>	